PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/534,969			ing Date 31/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY	
FÖR NUMBER FILED					NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
×	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A	300	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A]	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A			N/A			N/A		
	FAL CLAIMS CFR 1.16(i))		18 mir	nus 20 =	• 0		П	x \$ =		OR	X \$50 =	0	
	EPENDENT CLAIM CFR 1.16(h))	S	1 m	inus 3 =	• 0		П	x \$ =		1	X \$200 =	0	
	APPLICATION SIZE (37 CFR 1.18(s))	FEE shee is \$2 addit	If the specification and d sheets of paper, the app is \$250 (\$125 for small e additional 50 sheets or fr 35 U.S.C. 41(a)(1)(G) ar			oplication size fee due I entity) for each fraction thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL]	TOTAL	300	
	APP	(Column 1)	(Colur		SMAL	L ENTITY	OR		ER THAN ALL ENTITY				
AMENDMENT	06/02/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIO PAID FO	R SUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	• 20	Minus	~ 20		= 0	П	x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 3	Minus	***3		= 0	П	x \$ =		OR	X \$210=	0	
AM	Application Size Fee (37 CFR 1.16(s))									Ц_			
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Colur		(Column 3)							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus	**			П	x \$ =		OR	x \$ =		
	Independent (37 CFR 1,16(h))	*	Minus	***			П	x \$ =		OR	x \$ =		
Ē	Application Size Fee (37 CFR 1.16(s))						П			1			
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
										OR	TOTAL ADD'L FEE		
**	If the entry in column 1 is less than the entry in column 2, write "or in column 3. If the "Highest Number Previously Paid For IN THIS SPACE is less than 30, enter "20". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". He "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".												

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